



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**INDEPENDENT/POLITICAL
COMMITTEE COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed
by the treasurer or designated record keeper

3. This Statement covers From: 1/1/08 To 12/31/08

1. Committee I.D. Number

138023

4. Committee's Mailing Address

18905 ENGLAND DR

MACOMB TOWNSHIP MI

Area Code and Phone 586-203-8633

If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official

FILED
09 FEB 10 AM 11:10
CLERK
MICHIGAN

2. Committee Name

PROTECT OUR FUTURE - MACOMB

5. Treasurer's Name and Residential Address

NATHAN HLAVIN

18905 ENGLAND DR MACOMB MI 48042

Area Code and Phone

586-203-8633

6. Treasurer's Business Address

4000 TOWNCENTER SUITE 1400
SOUTHFIELD MI 48075

Area Code and Phone

7. Designated Record Keeper's Name and Mailing Address (if the committee has a Designated Record Keeper)

Area Code and Phone

8. TYPE OF STATEMENT:

APPLICABLE TO INDEPENDENT AND POLITICAL
COMMITTEES REGISTERED ON STATE LEVEL

8a. TRIENNIAL STATEMENTS

Even Year

Odd Year

☐ April 25

☐ January 31

☐ July 25

☐ July 25

☐ October 25

☐ October 25

8b. QUARTERLY STATEMENTS

CAUCUS COMMITTEES (ONLY)

☐ January 31

☐ April 25

☐ July 25

☐ October 25

8c. ☐ SPECIAL ELECTION INDEPENDENT
EXPENDITURE REPORT

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON COUNTY LEVEL

8d. ☒ ANNUAL STATEMENT
(08 Coverage Year)

8e. ☐ PRE-ELECTION OR

8f. ☐ POST-ELECTION

Pre-Election or Post-Election
Statement relates to:

☐ PRIMARY

☐ GENERAL

☐ CONVENTION

☐ SCHOOL

☐ SPECIAL

☐ CAUCUS

Date of Election, Convention or Caucus:

APPLICABLE TO INDEPENDENT AND
POLITICAL COMMITTEES REGISTERED
ON

STATE AND COUNTY LEVEL

8g. ☐ AMENDMENT TO CAMPAIGN
STATEMENT

(Complete Item 8a, 8b, 8c, 8d, 8e, 8f or 8h
to indicate which Statement is being
amended)

8h. ☐ DISSOLUTION OF COMMITTEE

Effective Date of Dissolution

By checking this item, I/we certify that
the committee has no asset or outstanding
debts, including late filing fees. Further, I
request that if the dissolution cannot be
granted, that this be considered a request for
the Reporting Waiver.

Note: The disposition of residual funds must
be reported on Schedule 2B and the
Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6 or 7 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement can not be waived.

9. Verification: I certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my knowledge and belief the contents are true, accurate and complete.

Current Treasurer or

NATHAN HLAVIN

Designated Record Keeper

Type or Print Name

Signature

Date

2/9/09



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number

138923

2. Committee Name

PROTECT OUR FUTURE MACOMB

SUMMARY PAGE
INDEPENDENT OR POLITICAL COMMITTEE

RECEIPTS		Column I This Period	Column II Cumulative for Calendar Year
3. Contributions			
a. Itemized Contributions (Schedule 2A, Column 6 + Schedule 2A-2, Column 8)		(3a.) \$ 2667.05	
b. Unitemized (less than \$20.01 each - no Schedule)		(3b.) \$ NOT APPLICABLE	
c. Subtotal of "Contributions"		(3c.) \$ 2667.05	(18.) \$
4. Other Receipts (Schedule 2A-1, Column 6)		(4.) \$	(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add line 3c + Line 4)		(5.) \$ 2667.05	(20.) \$
IN-KIND CONTRIBUTIONS			
6. In-Kind Contributions			
a. Itemized (Schedule 2-IK, Column 7)		(6a.) \$ 2707.15	
b. Unitemized (less than \$20.01 each - no Schedule)		(6b.) \$ NOT APPLICABLE	
7. TOTAL IN-KIND CONTRIBUTIONS (Add Line 6a + Line 6b)		(7.) \$ 2707.15	(21.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized Direct (Schedule 2B, Column 7)		(8a.) \$ 2653.55	
b. Itemized Get-Out-the-Vote (Schedule B-G, Column 6)		(8b.) \$	
c. In-Kind Expenditures- Purchase of Goods or Services (Schedule 2B-2, Column 7)		(8c.) \$	
d. Unitemized (less than \$50.01 each - no Schedule)		(8d.) \$ 2653.55	
e. Subtotal of Expenditures		(8e.) \$	(22.) \$
9. Independent Expenditures (Schedule 2B-1, Column 7)		(9.) \$ 2653.55	(23.) \$
10. TOTAL EXPENDITURES (Add Line 8e + Line 9)		(10.) \$	(24.) \$
IN-KIND EXPENDITURES			
11. In-Kind Expenditures- Endorsements, Donations or Loans of Goods or Services (Schedule 2B-2, Column 8)		(11.) \$	(25.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 2E)		(12a.) \$	
b. Owed to the Committee (Schedule 2E)		(12b.) \$	
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)		(13.) \$	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts - Column I)		(14.) + 2667.05	
15. SUBTOTAL Add lines 13 and 14		(15.) = 2667.05	
16. Amount expended during reporting period (Line 10, Total Expenditures - Column I)		(16.) - 2653.55	
17. ENDING BALANCE (Subtract line 16 from line 15)		(17.) \$ 13.50	*

*If your ending balance is negative, please recheck your math.



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138023

2. Committee Name _____

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3/4/08

Name & Address:

DESALE, PHILIS
42430 UTICA RD

STERLING HGTs MI 48314

\$ 20 \$ _____

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Click Here for Memo Itemization Type

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3/4/08

Name & Address:

RENGERT, KEITH
34080 ARHADA RD

RICHMOND MI 48062

\$ 100 \$ _____

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization Type

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3/7/08

Name & Address:

RENGERT, KEITH
34080 ARHADA RD

RICHMOND MI 48062

\$ 100 \$ 200

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization Type

Occupation COMMISSIONER Employer COUNTY OF MACOMB

Business Address ONE S. MAIN ST. MT CLEMENS MI

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

DESALE, PHILIS
42430 UTICA RD

STERLING HGTs MI 48314

\$ 25 \$ 45

5. If over \$100.00 cumulative, please provide:

Click Here for Memo Itemization Type

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

250

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138023
2. Committee Name _____

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3/15/08

Name & Address:

SESSA, MICHAEL P.
39524 CHART ST
HARRISON TWP MI 48045

\$ 25 \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3/15/08

Name & Address:

KREGER, RALPH
14156 CLENWOOD DR
SHELBY TWP MI 48315

\$ 25 \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3/15/08

Name & Address:

NEVERS, NANCY
49699 LEHR DR
MACOMB MI 48044

\$ 25 \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

VOSBURG, DUANE W.
47395 SUGAR BUSH
CHESTER FIELD MI 48047

\$ 50 \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☒ Fund Raiser

Page Subtotal

125

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138023

2. Committee Name _____

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3/15/08

Name & Address:

WOSNIAK, DOUGLAS C.

5831 WHITBY WAY

SHELBY TWP MI 48316

\$ 25

\$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

LA ROUCHE, CJ

37461 CLUBHOUSE DR

STERLING HTS MI 48312

\$ 25

\$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3/15/08

Name & Address:

MAYNARD, JARED

45128 UTICA GREENEAST

SHELBY TWP MI 48317

\$ 25

\$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

6202 PARKER, ED

4057 BRADFORD

SHELBY TWP MI 48317

\$ _____

\$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation COMMISSIONER Employer COUNTY OF MACOMB

Business Address ONE S. MAIN ST. CLINTON MI

Type of Contribution: ☒ Direct

☐ Loan from a person

☒ Fund Raiser

Page Subtotal

395

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138023

2. Committee Name _____

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3/15/08

Name & Address:

KLAVEN, JEFF
13543, WINORLOGG ST
STERLING HTS MI 48313

\$ 100

\$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☐ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3/15/08

Name & Address:

TALLIS, DANIEL
43370 DEVIN
CLINTON TWP MI 48038

\$ 30

\$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☒ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☒ YES

4. Date of Receipt 3/15/08

Name & Address:

COMITEE TO ELECT KEITH SADOWSKI
4759 HAYMAN
WARREN MI 48092

\$ 25

\$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3/15/08

Name & Address:

VITALE, PROCOPIO
38042 N. BOWKAY DR
CLINTON TWP MI 48038

\$ 100

\$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct

☐ Loan from a person

☒ Fund Raiser

Page Subtotal

255

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS
SCHEDULE 2A
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138023
2. Committee Name _____

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for Calendar Year for Each Contributor (Through date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3/4/08

Name & Address:

VOSBURG, KATHY D

47395 SUGAR CROSSLAND

CHESTERFIELD MI 48047

\$ 20 \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 4/8/08

Name & Address:

BABIN, RON

3511 BOBBIN DR

STERLING HTS MI 48310

\$ 50 \$ _____

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 4/8/08

Name & Address:

KUMMER, FRED

37329 DUNDUE DR

STERLING HTS MI 48310

\$ 50 \$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation _____ Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 4/15/08

Name & Address:

SZCZEPANSKI, ED

4057 BRADDOCK

SKELBY TWP MI 48317

\$ 100 \$ 420

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation COMMISSIONER Employer NAGGARD COUNTY

Business Address ONE SOUTH MAIN ST. MC CORMICK

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

Page Subtotal

220

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

Enter this total
on line 3a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED CONTRIBUTIONS

SCHEDULE 2A

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138023

2. Committee Name _____

Please enter contributor's name and address. If contribution is from an individual, enter last name, first name, and middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee (Both are commonly called PACs).

6. Amount

7. Cumulative for
Calendar Year for Each
Contributor (Through
date of receipt)

3. Contribution # 1

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3/27/08

Name & Address:

RENGERT, KEITH

34080 ARMANDA

RICHMOND MI 48062

\$ 100

\$ 300

5. If over \$100.00 cumulative, please provide:

[Click Here for Memo Itemization Type](#)

Occupation COMMISSIONER Employer MACOMB COUNTY

Business Address ONE S. MAIN ST MT CLEMENS MI

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 2

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 3/27/08

Name & Address:

TAX FIGHTER - MIKE SESSA

27765 MORAN

HARRISON TWP MI 48042

\$ 122.05

\$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation RETIRED Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 3

Is this contribution from a PAC? ☐ YES

4. Date of Receipt _____

Name & Address:

BUCHNOLTZ, DENNIS

22322 CHAN AVE WARREN MI 48091

\$ 900

\$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation RETIRED Employer _____

Business Address _____

Type of Contribution: ☒ Direct ☐ Loan from a person ☐ Fund Raiser

3. Contribution # 4

Is this contribution from a PAC? ☐ YES

4. Date of Receipt 5/14/08

Name & Address:

HLAVIN, NATHAN

\$ 300

\$ _____

[Click Here for Memo Itemization Type](#)

5. If over \$100.00 cumulative, please provide:

Occupation HR MGR Employer CIBER

Business Address 400 TOWN CENTER STE. 1400 SOUTHFIELD MI

Type of Contribution: ☐ Direct ☐ Loan from a person ☐ Fund Raiser

1422.05

Page Subtotal

1222.05

Grand Total of All Schedules 2A
(Complete on last page of Schedule)

2667.05

Enter this total
on line 3a of
Summary Page

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 2-IK

1. Committee I. D. Number 138023

2. Committee Name

INDEPENDENT OR POLITICAL COMMITTEE

3. Name and Address from whom received		4. Type of In-Kind Contribution (Check applicable box)	7. Amount or Fair Market Value	8. Cumulative for Calendar Year (Through date in Item 5)
If contribution is from an individual, enter last name first. Check box to indicate if contribution is from another Political Committee or Independent Committee (Both are commonly called PACs). Contribution # 1 PAC Receipt? <input type="checkbox"/> YES Name & Address: KEITH RENGERT		5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased <input type="checkbox"/> Endorsement or guarantee of bank loan <input checked="" type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description INFO CARDS	\$ 53.60	Click Here for Memo Itemization Type
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:		5. DATE OF RECEIPT: 2/25/08 6. VENDOR NAME & ADDRESS: M+B GRAPHICS 67353 S. MAIN ST RICHMOND MI 48062		
<input type="checkbox"/> Fund Raiser Contribution				
Contribution # 2 PAC Receipt? <input type="checkbox"/> YES Name & Address: NATHAN KLAUIN 18905 ENGLAND DR MACOMB TOWNSHIP 48042		4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others- LOAN Description VOTER DATA	\$ 4.55	Click Here for Memo Itemization Type
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:		5. DATE OF RECEIPT: 2/26/08 6. VENDOR NAME & ADDRESS: MACOMB COUNTY CLERK 40 N. MAIN ST MT CLEMENS MI 48042		
<input type="checkbox"/> Fund Raiser Contribution				
Contribution # 3 PAC Receipt? <input type="checkbox"/> YES Name & Address: NATHAN KLAUIN 18905 ENGLAND DR MACOMB TWP 48042		4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others- LOAN Description FUNDRAISER	\$ 300	Click Here for Memo Itemization Type
If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address:		5. DATE OF RECEIPT: 6. VENDOR NAME & ADDRESS: KLAUIN PUB 48929 HAYES RD SHELBY TWP MI 48315		
<input checked="" type="checkbox"/> Fund Raiser Contribution				

Page Subtotal

358.15

**Grand Total of all Schedules 2-1K
(Complete on last page of Schedule)**

BEELER

Enter this total
on line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED IN-KIND CONTRIBUTIONS
SCHEDULE 2-IK

INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I. D. Number 138023

2. Committee Name _____

3. Name and Address from whom received <small>If contribution is from an individual, enter last name first. Check box to indicate if contribution is from another Political Committee or Independent Committee (Both are commonly called PACs).</small>	4. Type of In-Kind Contribution (Check applicable box) 5. Date of Receipt 6. Name & Address of Vendor from whom goods or services were purchased	7. Amount or Fair Market Value	8. Cumulative for Calendar Year (Through date in Item 5)
Contribution # 1 Name & Address: <u>NATHAN HLAVIN</u> <u>18905 ENCLAND DR</u> <u>MACOMB TOWNSHIP 48042</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <u>CIBER INC</u> <u>4000 TOWNCENTER SUITE 1400</u> <u>SOUTHFIELD MI</u> <input type="checkbox"/> Fund Raiser Contribution	PAC Receipt? <input type="checkbox"/> YES 4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input checked="" type="checkbox"/> Goods or Services Purchased by Others- LOAN Description <u>VOTER DATA</u> 5. DATE OF RECEIPT: <u>4/22/08</u> 6. VENDOR NAME & ADDRESS: <u>DATA GEN</u> <u>4940 CAMBUS DR #8</u> <u>NEWPORT BEACH CA 92660</u>	\$ <u>550</u>	Click Here for Memo Itemization Type
Contribution # 2 Name & Address: <u>NATHAN HLAVIN</u> <u>18905 ENCLAND</u> <u>MACOMB TWP 48042</u> If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <u>CIBER INC</u> <u>4000 TOWNCENTER</u> <u>SOUTHFIELD MI 48075</u> <input type="checkbox"/> Fund Raiser Contribution	PAC Receipt? <input type="checkbox"/> YES 4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description <u>ROBO CALLING</u> 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS: <u>KNICK CALL</u> <u>1925 E. 17TH ST #2</u> <u>BROOKLYN NY 11229</u>	\$ <u>1799</u>	Click Here for Memo Itemization Type
Contribution # 3 Name & Address: If over \$100.00 cumulative, please provide: Occupation: Employer Name & Address: <input type="checkbox"/> Fund Raiser Contribution	PAC Receipt? <input type="checkbox"/> YES 4. <input type="checkbox"/> Endorsement or guarantee of bank loan <input type="checkbox"/> Goods Donated or Loaned <input type="checkbox"/> Services Donated <input type="checkbox"/> Goods or Services Purchased by Others <input type="checkbox"/> Goods or Services Purchased by Others- LOAN Description _____ 5. DATE OF RECEIPT: _____ 6. VENDOR NAME & ADDRESS:	\$ _____	Click Here for Memo Itemization Type

Page Subtotal

2349

Grand Total of all Schedules 2-IK
(Complete on last page of Schedule)

2349

2707.15

Enter this total
on line 6a of
Summary Page



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

ITEMIZED DIRECT EXPENDITURES
SCHEDULE 2B
INDEPENDENT OR POLITICAL COMMITTEE

1. Committee I.D. Number 138023

2. Committee Name _____

3. Name and address of person or vendor to whom the expenditure was made	5. Candidate or Ballot Question Information	6. Date	7. Amount	8. Cumulative for Election or Election Cycle
Expenditure #1 Name & Address: NATHAN KLAVIN 18905 ENGLAND DR MACOMB TWP MI 48042 4. Purpose: <u>REIMBURSEMENT - VETER</u> <input type="checkbox"/> Fund Raiser <u>DATA</u>	5. _____ Name of Candidate Office Sought & District # or Jurisdiction <u>MACOMB</u> County <u>CHARTER</u> <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>5/14/08</u> Date	<u>\$ 4.55</u>	\$ _____
Click Here for Memo Itemization Type				
Expenditure #2 Name & Address: NATHAN KLAVIN 18905 ENGLAND DR MACOMB TWP MI 48042 4. Purpose: <u>REIMBURSEMENT</u> <input type="checkbox"/> Fund Raiser <u>PUNRAISED</u>	5. _____ Name of Candidate Office Sought & District # or Jurisdiction <u>MACOMB</u> County <u>CHARTER</u> <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>5/14/08</u> Date	<u>\$ 300</u>	<u>\$ 304.55</u>
Click Here for Memo Itemization Type				
Expenditure #3 Name & Address: NATHAN KLAVIN 18905 ENGLAND DR MACOMB TWP MI 48042 4. Purpose: <u>REIMBURSEMENT</u> <input type="checkbox"/> Fund Raiser <u>VETER DATA</u>	5. _____ Name of Candidate Office Sought & District # or Jurisdiction <u>MACOMB</u> County <u>CHARTER</u> <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>5/14/08</u> Date	<u>\$ 550</u>	<u>\$ 854.55</u>
Click Here for Memo Itemization Type				
Expenditure #4 Name & Address: NATHAN KLAVIN 18905 ENGLAND DR MACOMB TWP MI 48042 4. Purpose: <u>REIMBURSEMENT</u> <input type="checkbox"/> Fund Raiser <u>VETER DATA</u>	5. _____ Name of Candidate Office Sought & District # or Jurisdiction <u>MACOMB</u> County <u>CHARTER</u> <input type="checkbox"/> Ballot Proposal <input type="checkbox"/> Check box if expenditure is payment of Debt or Obligation reported on previous statement	<u>5/14/08</u> Date	<u>\$ 1799</u>	<u>\$ 2653.55</u>
Click Here for Memo Itemization Type				

Subtotal this page

2653.55

Grand Total of all Schedules 2B
(Complete on last page of Schedule)

2653.55

Enter this total
on line 8a of the
Summary Page